	AIGN FINANCE REPORT ATE OF WISCONSIN	,			
Is This Report an Amendment: Yes	⊠ No		سايا ، ابال		
Instructions for completing schedules are on the		1217 #17	3-0 5-0-14		
COMMITTEE IDENTIFICATION		G C	VERHMENT		
Friends of Fred Kesser		Accoun	TABILITY BOARD		
Street Address 676/ N. 109th Street City, State and Zip Gode		OI	FFICE USE ONLY		
Milwaukee, WI 53224	3333 5 - 937 5 - 9 3 3 3 3	GAB ID N	umber: 0100994		
Please check if address is different than previously reported	d, and complete the Campaign Registration	Statement in t	the back of this form		
REPORT PERIOD					
☐ January Continuing Pre-Primary		W 380			
July Continuing Pre-Election	Spring X Fall	Special	Termination Report also complete Schedule 4		
SUMMARY OF RECEIPTS AND	Column A		Column B		
DISBURSEMENTS 1. RECEIPTS	This Period		Calendar		
			Year-To-Date		
1A. Contributions (Including Loans) from Individuals	\$ 1,4 25.00	\$ 18,42			
1B. Contributions from Committees (Transfers-In)	\$ 700.00	\$ 3,40	0.00		
1C. Other Income and Commercial Loans	\$	\$ -			
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 2,125.00	\$ 21,82	9.01		
2. DISBURSEMENTS					
2A. Gross Expenditures	\$ /0, 323,21	\$ 14,060	0,80		
2B. Contributions to Committees (Transfers-Out)	\$	\$ 180	200 200		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$10,323.21	\$ 15,860	1900 1900 1900 1900		
CASH SUMMARY		12,000			
Cash Balance Beginning of Report	\$23,127.60	· · · · · · · · · · · · · · · · · · ·			
Total Receipts	\$ 2,125.00				
Subtotal	\$ 25, 252.60				
Total Disbursements	\$ 10,323.21				
CASH BALANCE END OF REPORT	\$14,929.39		2		
INCURRED OBLIGATIONS Balance at the Close of This Period-3A)	\$				
LOANS (Balance at the Close of This Period-3B)	\$ -				
certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.					
Curtiss E. Harris Curtiss	nature of Candidate or Treaturer				
Curtiss E. Harris Signature of Candidate or Treasurer Signature of Candidate or Treasurer Date: Curtis 5, 2012 Daytime Phone: (414) 6/6-3237 OTE: The information on this form is required by \$5 11.06, 11.20, Wig. 1					

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. ss.11.60, 11.61, Wis. Stats.

EB-2 (Rev. 11/08)

This form is prescribed by the Gove



penalties of

'01-2973,

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page of 2

Complete Co	mmittae Name		
	ends of tred Lessler		
Date	for completing schedules are on the back of each acl Full Name, Mailing Address and Zip Code Of Contributor	Description Description from list, Name and Address of Principal Place of Employment (if year-to-date total exceeds \$10)	Amount of Contribution
7/21	Elizabeth L. Adelman 33725 Countyld L Mukwonago, WI 53149		100.00
//2	33725 Countyled L		
	Mukwonago, W1 53,49		
	Check if: In-Kind Conduit Loan		
1///	Edward WeisKotten		25.00
1/12	Edward Weiskotten 89.73 N. 70th Street		
	Milwanker, W153223	S	
<u> </u>	Check it: In-Kind I Conduit Loan		
7/1	Eva Roberson, 5272 N. 27th St.		25,00
15/12	52.72 N. 27th St.		20,00
, , ,	Milwankee, WI 53209		
	Check if: [] In-Kind [] Conduit [] Loen	<u> </u>	
7/1	Mary Lynne Donohue	Lawyer-Hopp Neuman Hum	do
15/13	Mary Lynne Donohue 418 St. Clair Avenue	2401 Kohler Memoriai Drive	700.00
112	-Sh. howan 111 53021		20.00
	-Sheboygan, WI 53081 Check it [In-Kind [Conduit Dean	Sheboygan, WI 53081	
7/01	Bruce Fetter		70-
19/12	1800 N. Prospect Ave 7c		25.00
	Milwauker, WI53202 Check if Fin-Kind Conduit Close		
7/.1	Phoebe Weaver Williams		100
16/12	5522 W. Washington Blue	Į.	100.00
	These Weaver Williams 5522 W. Washington Blue Milwankee, W. 53208 Check it @In-Kind @Conduit @Loan		
7/16/12	EVAN Zanan		
1161	Evan Zeppos 19200 Edmonton Dr Brockfield W1 53045		100.00
112	P C C C C C C C C C C C C C C C C C C C		
	Check if: 11-Kind Conduit Cloan		
		SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	s 515.00
		TOTAL ITEMIZED CONTRIBUTIONS	\$1,425,00
		TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ 0
	τα	OTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$1,425.00
			100

850,00

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Complete Committee Name Friends of Fred Kessler Instructions for completing schedules are on the back of each and Date Full Name, Mailing Address and Zip Code Occupation Description from list, Name and Address of Principal Place of Employment (If year-to-date total exceeds \$100) Amount of 7/16/2 Stanley F. Teplin 10501 N. Fairway Ln 100,00 Meguon WI 53092 Check it: [In-Kind [] Conduit [] Loan F. Michael McCann 414 N. 50th street 100,00 Milwaukee, W1 53208 Chack it: Pln-Kind E Conduit PLOAn Merton N. Rotter 2115 W. Norfolk Ct. Atterney 100.00 Meguon, W1 53092 Check # In-Kind Conduit Loan Janet Cudahy
608 Arbor Vitae Rd
Winnetka, IL 60093 Physician - Retired 200.00 Check if: In-Kind C Conduit C Loan Patricia Gold stein 7/ 31/12 3459 N. Bremen Milwautel, Wi 53212 50.00 Check if: In-Kind Conduit C Loan Daniel M. Chuanou

2218 W. Sunnydale Ln

Meguon, W153092

Chock F. Elm-Kind Elconduit Elcon

7/ Wolfgang A. Schwidt

4836 N. Oakland Ave

Whitefish Bay, W153217 Daniel M. Chudnow 100,00 200,00V 850,00 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE 850.00 **TOTAL ITEMIZED CONTRIBUTIONS** TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

SCHEDULE 1-B

RECEIPTS Contributions from Committees (Transfers-In)

Page / of /

Complete Committee Name of Fred Kessler

instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Committee GAB ID Number	Amount of Contribution
7/3/12	Planned Paventhood Advocales of WI 302 N. Jackson Street MIWaukce, WI 53202 Check it In-Kind I Loan AFSCME Council 48 3427 W. St. Paul Ave MILWaukce, WI 53208 Check it: In-Kind I Loan	0501002	500,00
7/23/12	AFSCME Council 48 3427 W. St. Paul Ave Milwaukee WI 53208 Check #: [] In-Kind [] Loan		7.00.00
	Check if: In-Kind		
	Check if: 📵 In-Kind 🕕 Loan		
	Check if: In-Kind Loan		
	Check if: In-Kind Loan	·	
	Check if:		
	Check if: In-Kind Loan		,
	Check if:		
	SUBTOTAL CONTRIBUTIONS	(Transfers-in) THIS PAGE	s - 700.00 s - 700.00
	TOTAL CONTRIBUTIONS (Transfers-in) RECEIV	ED FROM COMMITTEES	s - 700.00

DISBURSEMENTS Gross Expenditures

Complete Committee Name Fred Kessler

	ds of tred Ressler		
Instructions for	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
7/2/12	SS Speedy 2256 S. 116th Street Milwaukee, Wr 53227 Check it. 1 In-Kind Offset	Printing et Literature	\$ 1,375.00
7/6/12	the contraction of the contracti	Printing of Literature	\$1,200.00
	Check if: In-Kind Offset		
7/16/12	Weber Printing 3048 N. 34th Street Milwanker, WI 53210 Checkit I In-Kind Offset	Printing of Literature	887.04
7/16/12	andrew Levin	Reimburse for purchase of Office Supplies	- 198.80
	Check if. In-Kind Offset		
7/19/12	SS Speedy 2256 S. 116th Street Milwaukee, WI 532127 Check it: [] In-Kind Offset	Printing and mouling.	1,800.00
7/23/12	Weber Printing 3048 N. 34th Street Milwaukee WI 53210 Check if: In-Kind Offset	Printing of Literature	1,675,87
7/26/12		Priviting and mailing	300.00
7/30/12	T 7 P 1	Priviting of lite rature	386,50
<u> </u>		UBTOTAL ITEMIZED EXPENDITURES THIS PAGE	s 7,823.21
		TOTAL ITEMIZED EXPENDITURES	s 10,323.21
	тс	OTAL UNITEMIZED EXPENDITURES \$20 OR LESS	s 0
		TOTAL EXPENDITURES	s 10,323.21

DISBURSEMENTS Gross Expenditures

Page \underline{Z} of \underline{Z}

Friend	s of Fred Kessler		
	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
7/3/1/2	Andrew Levin	Consulting Services	[‡] 2,500.00
	Check if: In-Kind Offset		
	Check if:		
	Check if:		
	Check if: In-Kind Offset		
	Check if: [In-Kind Offset		
	Check if: 📋 In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	_		
	Check if: [In-Kind Offset	1	
	SUE	STOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 2,500,00
		TOTAL ITEMIZED EXPENDITURES	\$ 2,500.00 \$ 2,500.00
	тот	AL UNITEMIZED EXPENDITURES \$20 OR LESS	s 0
		TOTAL EXPENDITURES	\$

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page / of /	e / of /
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FY16	Prids of Fred Kessle			
	or completing schedules are on the back of each		*	
Date	Full Name, Mailing Address and Zip Code		Committee GAB ID Number	Amount
	Check if: In-Kind I Loan			
	Check if: In-Kind Loan			
<u> </u>	Check if: In-Kind I Loan			
	Check if: In-Kind Loan			
	Cited a. [4] arthur [4] Logn			
	Check if: In-Kind E Loan			
		-		
	Check if: 🔁 In-Kind 🗀 Loan			
	Check if: In-Kind 🗏 Loan			
	Check If: In-Kind Loan			
	Check if: 📋 In-Kind 📋 Loan			3
		SURTOTAL CONTRIB	UTIONS (Transfers-Out) THIS PAGE	• (0)
	•			; O

SCHEDULE 3-A

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page / of /

Complete	Committee Name					
Fr	iends of Fred Kessle	21				
	ons for completing schedules are on the back of each					
		Outstanding Obligations Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Obligations	Office Use On
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purp	iose)			
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpo	ose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor					
*		Nature of Debt (Purpo	ose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor					
		Nature of Debt (Purpo	ise)	-,		
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpo	se)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor			-		
, , , , , , , , , , , , , , , , , , ,	,	Nature of Debt (Purpos	se)			
Date /	Full Name, Mailing Address and Zip Code of Creditor					
		Nature of Debt (Purpos	ie)			
Date /	Full Name, Mailing Address and Zip Code of Creditor			· · · · · · · · · · · · · · · · · · ·		
		Nature of Debt (Purposi	e)			
		SUBTOTAL ITEM!	ZED OBLIGATIONS	THIS PAGE	s O	
		T (OTAL ITEMIZED OB	LIGATIONS	\$0	
	*	TOTAL UNITEMIZE	D OBLIGATIONS \$2	20 OR LESS	\$0	
		TO.	TAL INCURRED OB	LIGATIONS	\$ 0	

SCHEDULE 3-B

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

22.7	,		
Page	/	of	/

TOTAL OUTSTANDING LOANS \$

1	for completing schedules are Full Name, Mailing Address	and Zip Code of Loan Source	Outstanding		T 0	S. Company of the same
Date	T di Nome, Mainig Address	and 219 code of coan source	Obligations Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
1 1						
List All Endors	sers or Guarantors (if any)			_1	<u> </u>	
Full Name, Ma of Guarantor	ailing Address and Zip Code	Occupation				
	a	Name and Address of Employer				
		Amount Guaranteed Outstanding S				
Full Name, Ma of Guarantor	iling Address and Zip Code	Occupation				
		Name and Address of Employer				
		Amount Guaranteed Outstanding \$				
	Full Name, Mailing Address a		Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date / /				Feriou		
List All Endorse	ars or Guarantors (if any)				- 7-	<u> </u>
Full Name, Mai	ling Address and Zip Code	Occupation				
of Guarantor						
		Name and Address of Employer				
		Amount Guaranteed Outstanding				
Full Name, Mail of Guarantor	ing Address and Zip Code	S Occupation				
		Name and Address of Employer				
		Amount Guaranteed Outstanding	·			
7.3.	Full Name, Mailing Address an	d Zip Code of Loan Source	Outstanding		Cumulative	Outstanding
D-1-			Obligations Beginning of This Period	New Loans This Period	Payments This Period	Obligations End of This Period
Date / /						
ist All Endorser	s or Guarantors (if any)					<u></u>
full Name, Maili of Guarantor	ng Address and Zip Code	Occupation				
		Name and Address of Employer				
		Amount Guaranteed Outstanding				
III Marea Marilia	g Address and Zip Code	S Occupation				
dii Name, Mailir f Guarantor		Land to the second seco				
di Name, Maliir f Guarantor		Name and Address of Employer				

SCHEDULE 1-C

RECEIPTS Other Income and Commercial Loans

Page	of

Complete Commi	ado of fred Keedle	•	
Instructions for	completing schedules are on the back of each s	schedule.	
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
		1	
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		*	
	•	in Y	
į,			
		SUBTOTAL OTHER INCOME THIS PAGE	\$
16	el .	*	
		TOTAL ITEMIZED OTHER INCOME	\$
	,	TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS	
		THE INCOME \$20 OR LESS	\$
		TOTAL OTHER INCOME	. 0.00